Indiana Violent Death Reporting System (INVDRS) Advisory Board Meeting

September 15, 2017

Rachel Kenny, MPH,

INVDRS PI & Epidemiologist

Division of Trauma and Injury Prevention





INVDRS@isdh.in.gov





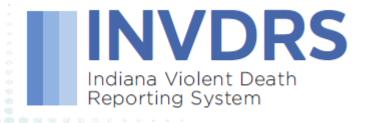
2

Email Questions: INVDRS@isdh.in.gov

Agenda

- Introductions
- Drug Overdose Grants Update-Jessica Schultz
- Program Updates
- Data Presentation
 - 2015-2017 Violent Death Demographics
 - 2015 INVDRS Pilot Counties

Introductions





New INVDRS Staff

- Records Consultants
 - Brittany Armstrong
 - Patricia Dotson
 - Anita McCormick-Peyton
- Intern-Vincent Gallagher





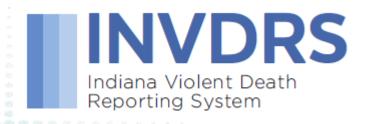
2018 meeting dates

- 1 p.m.-3 p.m. EST in Rice Auditorium
 - March 16th
 - September 21st





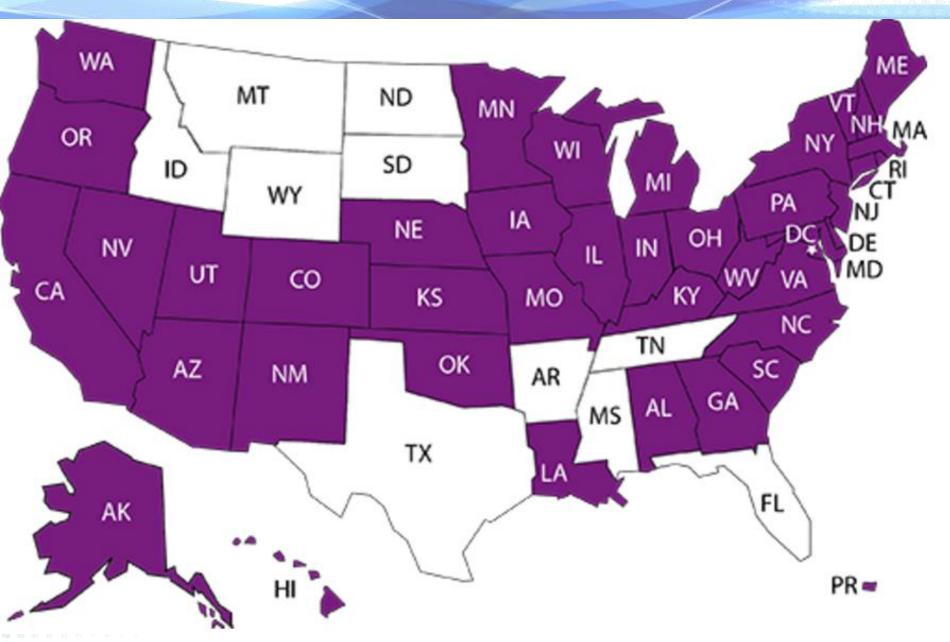
Program Updates





7

Email Questions: INVDRS@isdh.in.gov



2017 Reverse Site Visit

- May 16th-May 18th
- New Orleans, LA
- Attendees: NVDRS-funded states and CDC staff

Rachel and Ryan attended.





		Tuesday, May 16, 20	016 – Working with Pa	artners and Stakeho				
8:00 am – 1	2:45 pm	Registration			Jacqueline Crain			
					LaKaya Brittian-Quander			
8:00 am – 1	0:00 am	South Carolina	Kentucky	Minnesota	Interim Progress Reviews			
10:00 am –	12:00 pm	Hawaii	Kansas		(for selected states)			
12:00 pm –	1:00 pm	LUNCH			•			
1:00 pm - 1	:20 pm	CDC Welcome			Leadership			
		Audience Introductio	ns		Janet Blair			
		Overview of RSV & I	Housekeeping		Jacqueline Crain Janet Blair PhD MPH			
1:20 pm – 1	:45 pm	NVDRS Updates/Ove	rview		Janet Blair, PhD MPH			
1:45 pm – 2	2:30 pm	NVDRS Partners			Name—TBD			
		The Internation						
		 National Association 						
		 National Association 						
		Information Sy						
		American Publ	ic Health Association (APHA)				
2:30 pm – 2	2:45 pm	National Center for H	Iealth Statistics		Name—TBD			
2:45 pm - 3	3:00 pm	BREAK						
3:00 pm - 3	3:30 pm	Interactions with Leg	Erin Black					
3:30 pm – 4	1:45 pm	Data Use Partnership	s		Lauren Larochelle (MA) &			
		• Garrett Lee Sn	nith partnerships		Lisa Millet (OR)			
		 States sharing 	Suzanne McLone (IL) &					
		 Data linkages 	Antigone Kouvelis (IL)					
4:45 pm – 5	5:00 pm	Day 1 Evaluation			Janet Blair, PhD, MPH			
5:30 pm - 7	':30 pm	Principal Investigator	Meeting		State PI's			
	0 + + + + + + + + + + + + + + + + + + +				1			
	0 0 0 0 0 0							

8:00 am – 8:15 am	Overview of Day 2	Janet Blair, PhD, MPH
8:15 am – 8:45 am	Highlights of New Features for the Web-based System	Craig Bryant
8:45 am – 9:30 am	Abstracting Firearm Data	Scott Saxon (AK)
9:30 am – 10:00 am	ORISE Firearm Presentation	Kristiana Dixon, PhD
		Rachel Leavitt, MPH
10:00 am – 10:15 am	BREAK	
10:15 am – 10:45 am	Toxicology 101 Training/ "Decoding" Source Document Information	Bruce Goldberger, MD
10:45 am – 11:30 am	VDRS Data & Use of GIS	Allison Ertl, PhD, MS
11:30 am – 12:30 pm	Coding Training	CDC Science Officers
	Onboarding & continuing education	
	How to do checks and rectify problems	
	Coding Examples	
	 Toxicology or Metabolites – coding clarification 	
	E-learning modules update	
12:30 pm – 1:30 pm	LUNCH	
1:30 pm – 2:30 pm	Circumstances & Narratives Training	CDC Science Officers
2:30 pm – 3:30 pm	Implementation Check-in with States	CDC-Moderated
3:30 pm – 3:45 pm	BREAK	
3:45 pm – 4:45 pm	CDC, VDRS Principal Investigators, and Program Managers	CDC Staff
		VDRS PI's
(concurrent with	VDRS Epidemiologists and Abstractors Networking Time	VDRS Epidemiologists
above session)		VDRS Abstractors
4:45 pm - 5:00 pm	Day 2 Evaluation	Janet Blair, PhD, MPH

8:30 am – 8:45 am	Thursday, May 18, 2016 – Data, Quality, and Disseminati Overview of Day 3	Janet Blair, PhD, MPH		
		, ,		
8:45 am – 9:00 am	State Performance Recognition	Janet Blair, PhD, MPH		
9:00 am – 9:20 am	Using the Unintentional Drug Overdose Module (SUDORS)	Alana Vivolo-Kantor		
		Julie O'Donnell		
9:20 am – 10:00 am	Reports & Data Analyses—Recent Reports & Analyses,	CDC Science Officers an		
	Products, & Works in Progress	Project Officers		
10:00 am – 10:15 am	BREAK			
10:15 am – 11:15 am	Special VDRS Projects	Lisa Millet (OR)		
		Luke Werhan (OH)		
		Ethan Jamison (CO)		
		Deborah Hull-Jilly (AK)		
11:15 am – 12:00 pm	NIOSH: NIOCCS Coding and Definitions	John Myers		
		Sue Nowlin		
12:00 pm – 1:15 pm	LUNCH			
1:15 pm – 2:00 pm	Using Data for Prevention	Melissa Heinen (MN) &		
		Roesler (MN)		
		Samara VinerBrown (RI)		
		Yongwen Jiang (RI)		
		Brandi Woods-Littlejohn		
		(OK)		
2:00 pm – 3:00 pm	Data Closeout & Quality Assurance	CDC Staff		
3:00 pm – 3:15 pm	NVDRS Administration	Leroy Frazier, MSPH		
•	Administering the cooperative agreement, Expectations and			
	reports, Timelines			
3:15 pm – 3:30 pm	Day 3 Evaluation	Janet Blair, PhD, MPH		

2017 Safe States Annual Meeting

- September 12-14, 2017
- Aurora, Colorado
- Strong focus in Data presentation and violence prevention





Sessions Attended

- Making your Data Work for You
- Advanced Data Analysis Approaches
- Innovative ways to Communicate Data
- Building Capacity for Systems Thinking among Injury and Violence Preventions
- Link Data to Save Lives: Using NVDRS to Prevent Suicide and Firearm Injury

Sessions Attended

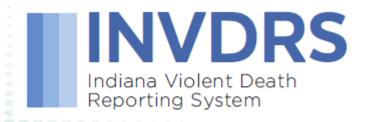
- Preventing Suicide Across the National Spectrum
- Expanding the Scope of NVDRS Analyses
- Addressing Firearm Violence with Public Health Strategies





Email Questions: INVDRS@isdh.in.gov

Suicide in Indiana Report Reminder!





11 Leading Causes of Death, Indiana, 2011-2015

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 688	Unintentional Injury 164	Unintentional Injury 88	Unintentional Injury 98	Unintentional Injury 1,504	Unintentional Injury 2,069	Unintentional Injury 1,871	Malignant Neoplasms 5,635	Malignant Neoplasms 13,360	Heart Disease 53,621	Heart Disease 68,532
2	Short Gestation 530	Congenital Anomalies 56	Malignant Neoplasms 59	Malignant Neoplasms 52	Suicide 577	Suicide 820	Malignant Neoplasms 1,316	Heart Disease 4,307	Heart Disease 8,668	Malignant Neoplasms 45,837	Malignant Neoplasms 66,836
3	SIDS 224	Homicide 44	Congenital Anomalies 25	Suicide 37	Homicide 524	Heart Disease 466	Heart Disease 1,272	Unintentional Injury 2,218	Chronic Low. Respiratory Disease 2,528	Chronic Low. Respiratory Disease 17,129	Chronic Low. Respiratory Disease 20,533
4	Unintentional Injury 214	Malignant Neoplasms 35	Homicide 16	Homicide 23	Malignant Neoplasms 143	Homicide 457	Suicide 842	Suicide 989	Unintentional Injury 1,740	Cerebro- vascular 12,988	Cerebro- vascular 15,262
5	Maternal Pregnancy Comp. 136	Septicemia 14	Heart Disease 	Congenital Anomalies 20	Heart Disease 133	Malignant Neoplasms 389	Liver Disease 280	Liver Disease 879	Diabetes Mellitus 1,605	Alzheimer's Disease 10,820	Unintentional Injury 14,605
6	Placenta Cord Membranes 88	Heart Disease 10	Septicemia 	Heart Disease 12	Congenital Anomalies 37	Liver Disease 88	Homicides 264	Chronic Low. Respiratory Disease 698	Cerebro- vascular 1,352	Diabetes Mellitus 6,816	Alzheimer's Disease 10,917
7	Bacterial Sepsis 81	Influenza & Pneumonia 	Chronic Low. Respiratory Disease 	Chronic Low. Respiratory Disease 10	Complicated Pregnancy 24	Diabetes Mellitus 72	Diabetes Mellitus 245	Diabetes Mellitus 697	Liver Disease 1,269	Nephritis 5,651	Diabetes Mellitus 9,460
8	Respiratory Distress 72	Chronic Low. Respiratory Disease 	Benign Neoplasms 	Influenza & Pneumonia 	Septicemia 21	Cerebro- vascular 61	Cerebro- vascular 204	Cerebro- vascular 612	Suicide 731	Unintentional Injury 4,639	Nephritis 6,782
9	Circulatory System Disease 55	Perinatal Period 	Influenza & Pneumonia 	Diabetes Mellitus 	Diabetes Mellitus 20	Complicated Pregnancy 61	Influenza & Pneumonia 122	Septicemia 322	Nephritis 728	Influenza & Pneumonia 4,320	Influenza & Pneumonia 5,243
10	Homicide 49	Cerebro- vascular 	Anemias 	Cerebro- vascular 	Chronic Low. Respiratory Disease 19	Influenza & Pneumonia 60	HIV 103	Nephritis 262	Septicemia 718	Septicemia 3,793	Septicemia 5,048
11	Neonatal Hemorrhage 46	Benign Neoplasms 	Cerebro- vascular 	Septicemia 	Two Tied 18	Congenital Anomalies 51	Septicemia 99	Homicide 231	Influenza & Pneumonia 449	Parkinson's Disease 2,729	Suicide 4,673



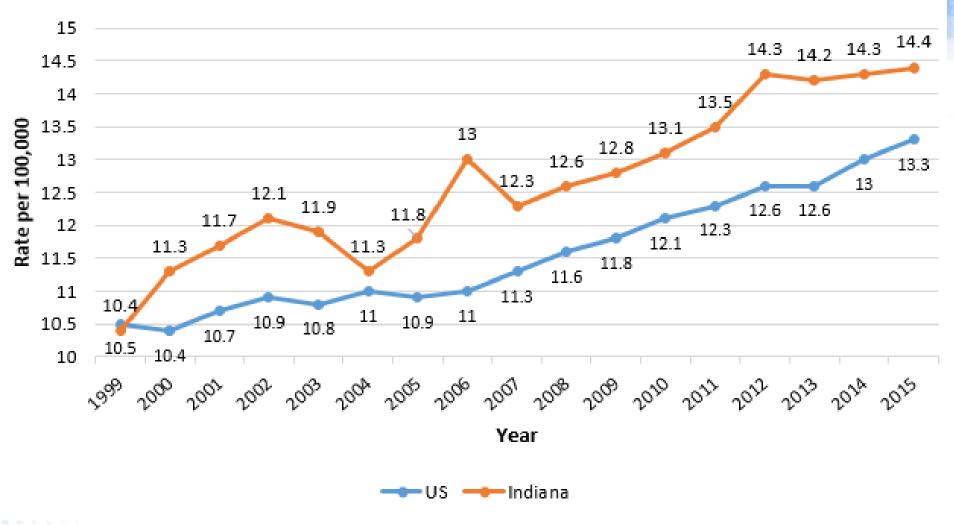
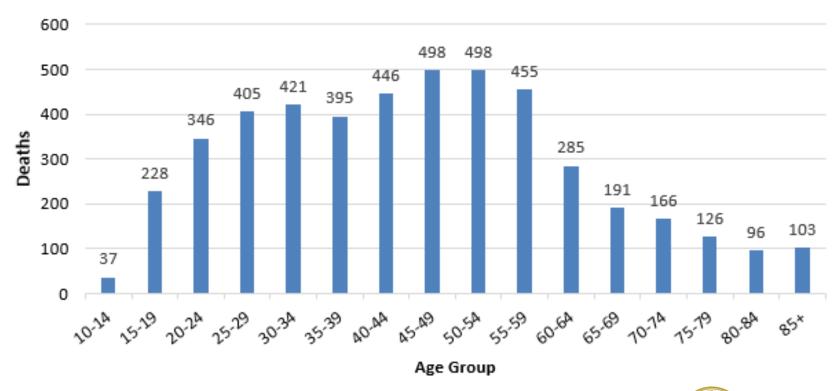


Figure 8. Suicides by age group, Indiana, 2011-2015



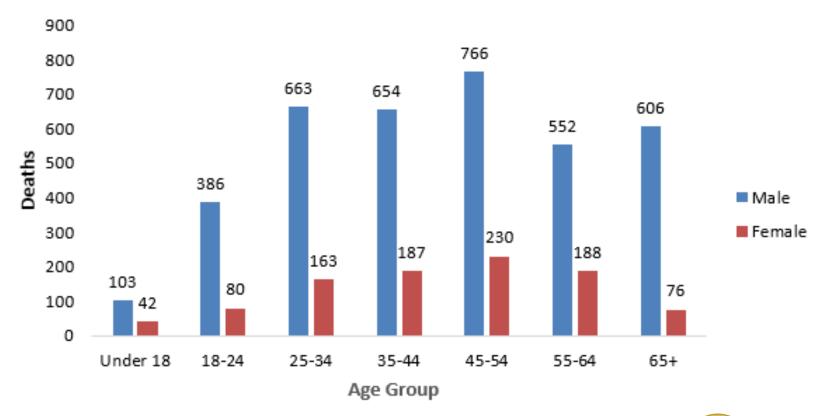
Source: Indiana State Department of Health, Epidemiology Resource Center





19

Figure 11. Suicide by sex and age, Indiana, 2011-2015



Source: Indiana State Department of Health, Epidemiology Resource Center

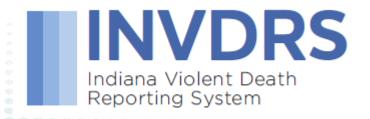
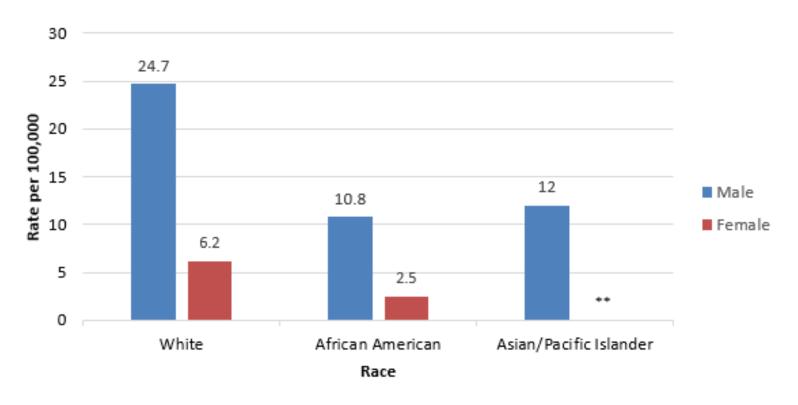




Figure 13. Suicide rates* by race and sex, Indiana, 2011-2015

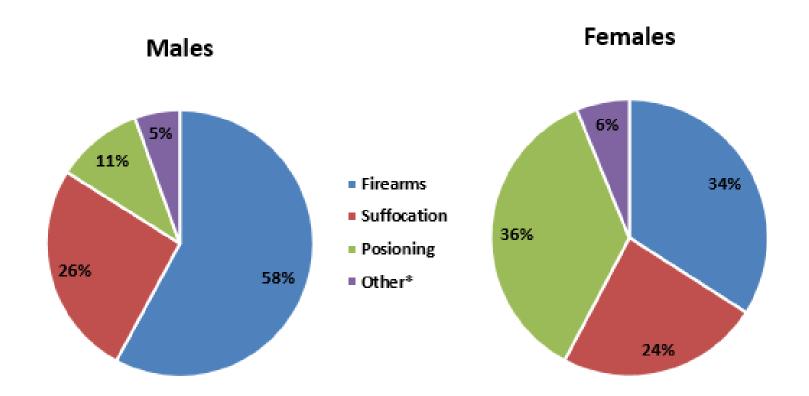


^{*}Age-adjusted rates per 100,000 population

Source: National Center for Injury Prevention and Control CDC, National Center for Health Statistics Vital Statistics System, WONDER

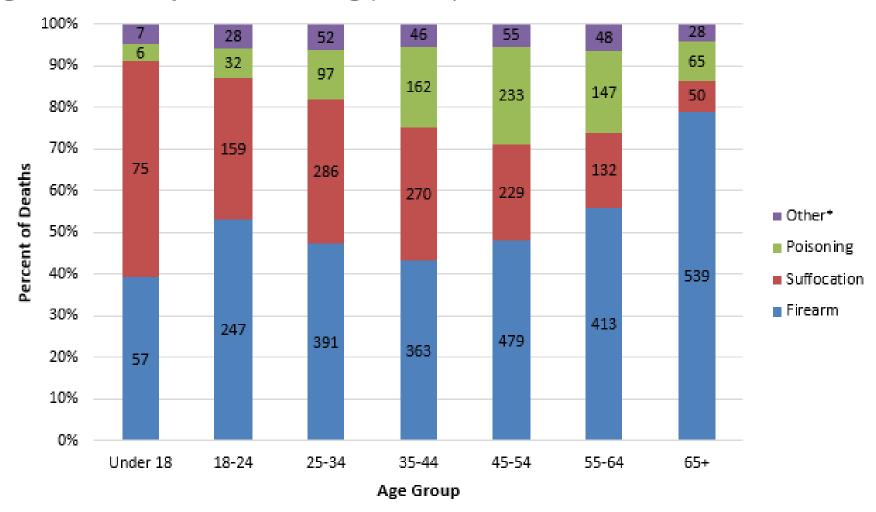
^{**}Asian/Pacific Islander Female rate suppressed due to unstable rate.

Figure 15. Suicide by mechanism and sex, Indiana, 2011-2015

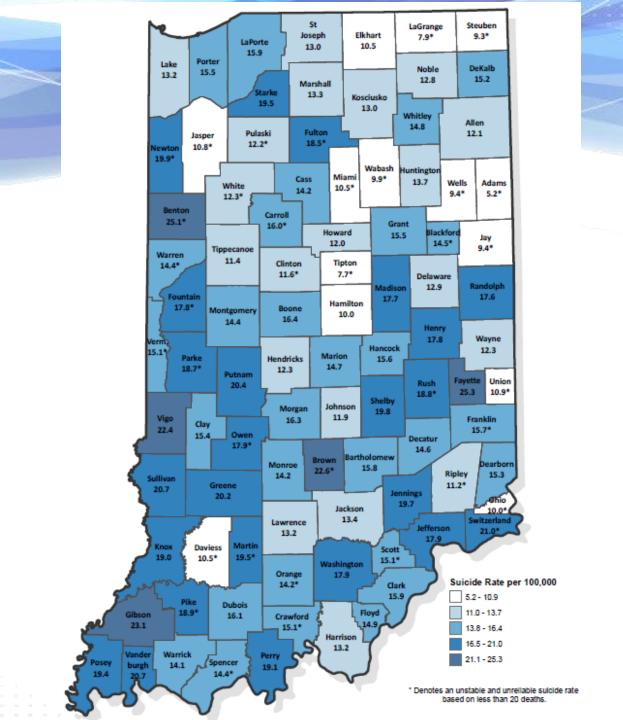


^{*}Other mechanisms include: drowning, cutting/piercing, fall, motor-vehicle collisions, fire and unclassified/unspecified Source: Indiana State Department of Health, Epidemiology Resource Center

Figure 16. Suicide by mechanism and age, Indiana, 2011-2015



Source: Indiana State Department of Health, Epidemiology Resource Center

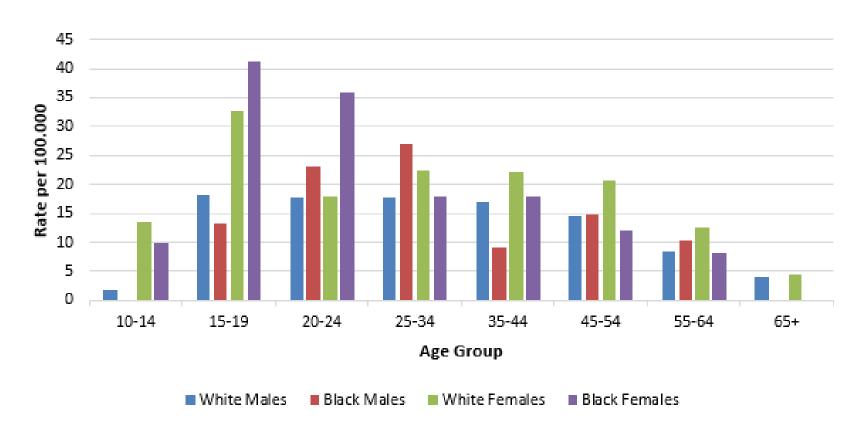


Suicide Attempts

 For every suicide death there is on average 25 suicide attempts

- For every youth suicide death there is on average 100-200 youth suicide attempts
 - 14,500-29,000 Hoosier youths attempted suicide in Indiana between 2011 and 2015

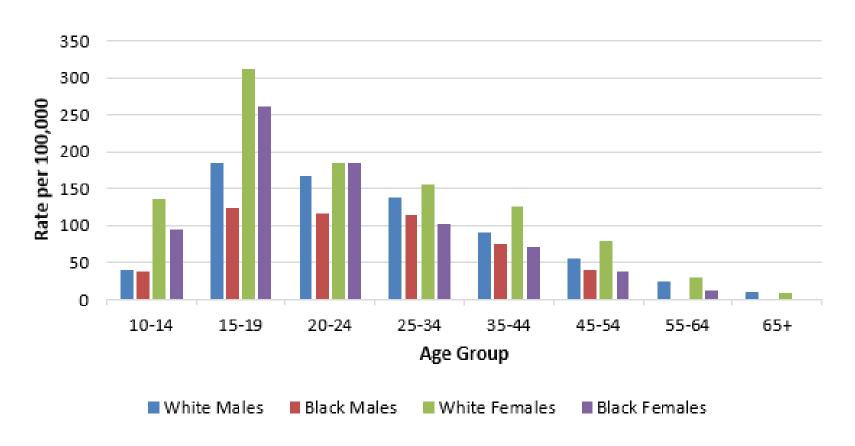
Figure 18. Self-inflicted injury hospitalization rates by age and race, Indiana, 2011-2014



Source: Indiana Hospital Association, Hospital Discharge Data



Figure 20. Self-inflicted injury ED visit rates by age and race, Indiana, 2011-2014



Source: Indiana Hospital Association, Hospital Discharge Data

Table 15. Youth Risk Behavior Survey results, Grades 9-12, Indiana, 2011 & 2015

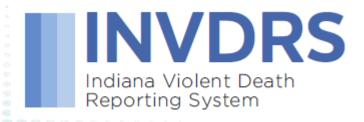
Health-risk Behavior	20:	11	2015	
During the 12 months prior to the survey, students in grades 9-12:	Total Percent	95% CI	Total Percent	95% CI
Felt sad or hopeless almost every day for 2 or more weeks in a row, so that they stopped doing some usual activities	29.1	(26.3– 31.9)	29.3	(27.0- 31.9)
Seriously considered attempting suicide	18.9	(15.8– 22.5)	19.8	(17.9- 21.7)
Made a plan about how they would attempt suicide	13.6	(11.9– 15.5)	17.0	(15.3- 19.0)
Attempted suicide one or more times	11.0	(8.9– 13.4)	9.9	(7.7- 12.7)
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	3.9	(3.2– 4.9)	3.9	(2.5- 6.0)
Asked for help from someone before their suicide attempt such as a doctor, counselor, or hotline (Among students who attempted suicide during the 12 months before the survey)	*	*	34.2	(28.4- 40.6)

^{*}New Question to 2015 YRBS Survey

Source: Indiana Youth Risk Behavior System Survey 2011 and 2015

Other topics in Report

- Suicide in the U.S.
- Additional maps/geographic distributions
- Special Populations
- Protective factors
- Risk factors





Data Sources

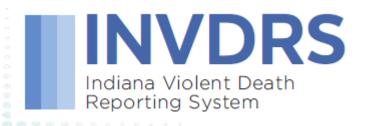
- ISDH Mortality Reports, 2011–2015. Epidemiology Resource Center,
- CDC WISQARS and WONDER databases
- Indiana Hospital Association, Hospital Discharge Inpatient Data, 2011-2015.
- Indiana Hospital Association, Hospital Discharge Outpatient/ED Data, 2011-2015.
- Indiana Youth Risk Behavior System Survey, 2011 and 2015.



Indiana State Department of Health

Report available at:

http://www.in.gov/isdh/25396.htm





RECENT GRANT APPLICATIONS





32

Email Questions: INVDRS@isdh.in.gov

Grant activities

- Prescription Drug Overdose: Prevention for States
 - Applied for year 2 (base and supplement)
 - Applied for a Program Expansion: 7/2017
- Enhanced State Surveillance of Opioids
 - Originally awarded but not funded, funding starts September 1
 - Applied for supplement: 7/2017
- First Responder Comprehensive Addiction and Recovery Act
 - Applied 7/2017





Prescription Drug Overdose Prevention for States 2017 Program Expansion

<u>Activity 1.1</u>: Building Capacity and Infrastructure to Enhance Use of INSPECT Data

<u>Activity 1.2</u>: INSPECT Expansion into Electronic Health Records in High Opioid- Prescribing Facilities

Activity 2.1: Piloting of an Overdose Fatality Review

<u>Activity 2.2</u>: Collecting Adverse Childhood Experiences Data through the 2018 Behavioral Risk Factor Surveillance System

<u>Activity 4.1</u>: Overdose Rapid Response Plan to Address Overdose Clusters in Five Pilot Counties

Enhanced State Opioid Overdose Surveillance (ESOOS)

Originally applied 6/2016, funded 9/2017

- 1. Increase the timeliness of aggregate nonfatal opioid overdose reporting
- 2. Increase the timeliness of fatal opioid overdose and associated risk factor reporting
- 3. Disseminate surveillance findings to key stakeholders working to prevent or respond to opioid overdoses





ESOOS 2017 Supplemental

1 year supplemental opportunity

Activity 1: Implement comprehensive toxicology testing

Activity 2: Linking INSPECT data to opioid-related overdose deaths during coroner investigations





36

First Responder - Comprehensive Addiction and Recovery Act (FR CARA)

Program will:

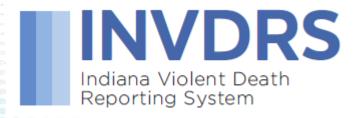
- 1) Provide resources through the Indiana Naloxone Kit Distribution Program for First Responders in rural communities;
- 2) Train first responders on carrying and administering naloxone; and
- 3) Expand the Indiana Recovery and Peer Support Initiative for referral to appropriate treatment and recovery communities.

As of 9/14/2017, Funding Decision Pending

2018 IPAC Meetings

Meetings: 10 a.m. – 12 p.m. EST

- March 16
- Spring Conference, TBD
- July 20 (webcast)
- September 21
- November 16

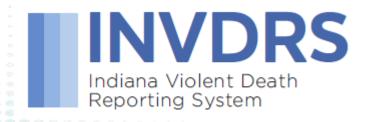




2017 IPAC Meetings

Meetings: 10 a.m. – 12 p.m. EST

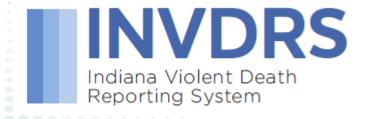
November 17





Upcoming Events

- Indiana Emergency Response Conference, Sept. 20-23
- National Traumatic Brain Injury Awareness Month
- National Suicide Prevention Week, Sept. 10-16
- Child Passenger Safety Week, Sept. 17-23
- Falls Prevention Awareness Day, Sept. 22
- National Seat Check Saturday, Sept. 23





Upcoming Events

- Public Safety + Public Health Opioid Conference, Sept 27
- <u>Domestic Violence Awareness</u>, October
- National Bullying Prevention Month, October
- 8th Annual Prescription Drug Abuse & Heroin Symposium, October 30-31
- 2017 Labor of Love Summit, Nov. 15
- 2017 Midwest Injury Prevention Alliance Summit, November 30-December 1



Indiana State

<u>Department of Health</u>

Email Questions: INVDRS@isdh.in.gov

Public Safety + Public Health Opioid Conference

- September 27th from 8:30 a.m. to 4:30 p.m. at the Ritz Charles
- No registration fee required and breakfast and lunch are provided
- Learn more:

https://www.eventbrite.com/e/public-safety-public-health-opioid-conference-tickets-36838582191



2017 Midwest Injury Prevention Alliance Summit

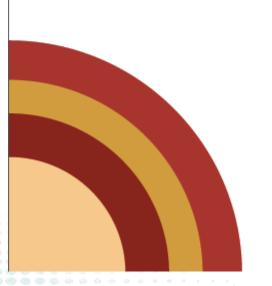


NOV 30 – DEC 1, 2017

SAVE THE DATE

Injury Prevention in the Midwest: Our Goal is Zero Hosted by the Minnesota Department of Health Injury and Violence Prevention Section Bloomington, MN





Join us for this year's Midwest Injury Prevention Alliance Summit, as injury professionals from states in Federal Health and Human Services Region V (Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin) gather to work toward reducing unintentional and intentional injury-related death and disability.

Additional information and registration coming soon!

www.midwestinjurypreventionalliance.org





2018 EMS Medical Director's Conference



EMS
Medical Directors'
Conference

Friday, April 27, 2018

Ritz Charles 12156 N. Meridian Street Carmel, IN 46032

8am - 5pm



Get notified when registration opens!

Send your contact information to: indianatrauma@isdh.in.gov









2017 Labor of Love Summit

November 15, J.W. Marriott in downtown Indy



• More info: http://www.infantmortalitysummit-indiana.org/





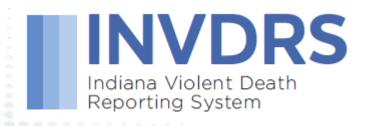
Thank you for your attention!

Jessica Schultz, MPH

Injury Prevention Epidemiologist Consultant

Email: JSchultz@isdh.in.gov

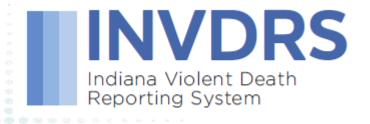
Phone: 317-617-4155





46

Data Provider Progress





47

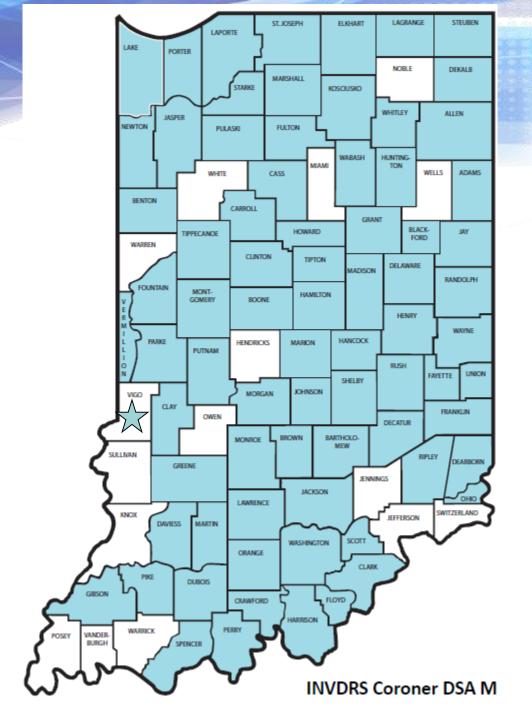
Email Questions: INVDRS@isdh.in.gov

Coroners

 76 signed data sharing agreements

Questions/Comments: Joboyle@isdh.in.gov





Connections?

- Boone
- Jefferson
- Jennings
- Knox
- Miami
- Noble
- Owen

- Posey
- Sullivan
- Switzerland
- Warren
- Warrick
- Wells
- White



Please contact: JObyle@isdh.in.gov

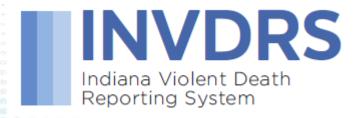
301

Challenges

Agencies Declining to Participate in INVDRS

- Monticello PD
- Elkhart County SD
- Goshen PD
- Elkhart PD
- Cass County SD (~5)
- Gibson County SD (~14)
- Harrison County SD (~17)

- Mishawaka PD (~42)
- Montgomery SD
- New Albany PD (~45)
- Starke County SD (~14)
- Steuben County SD (~6)





Challenges

Agencies Not Yet Participating

- White County coroner and sheriff
- Jasper County SD
- Demotte PD
- St. Joseph County SD
- Osceola PD
- Salem PD



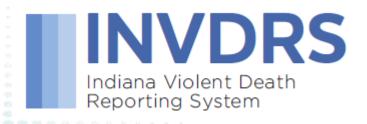


51

Successes

- 45 Coroner DSA's in January 2017 to 76 today
- Elkhart County Coroner is participating and we have already received their reports
- Indiana State Police have been approved to participate and we are now waiting for their records

Data Abstraction & Records Collection





53

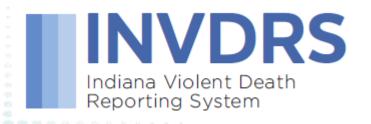
Data Availability and Deadlines

Data Year	Death Certificate Data	Complete INVDRS Data-CDC Deadline
2015	Sept. 2016 (prelim), January 2017 (final)	June 2017
2016	Sept. 2017 (prelim), January 2018 (final)	June 2018
2017	Sept. 2018 (prelim), January 2019 (final)	June 2019
Etc.		



2016 Records Collection

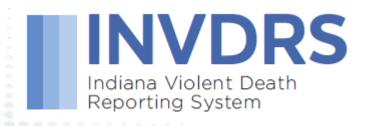
- Coroner Reports Received: 52%
- LE Reports Received: 57%





55

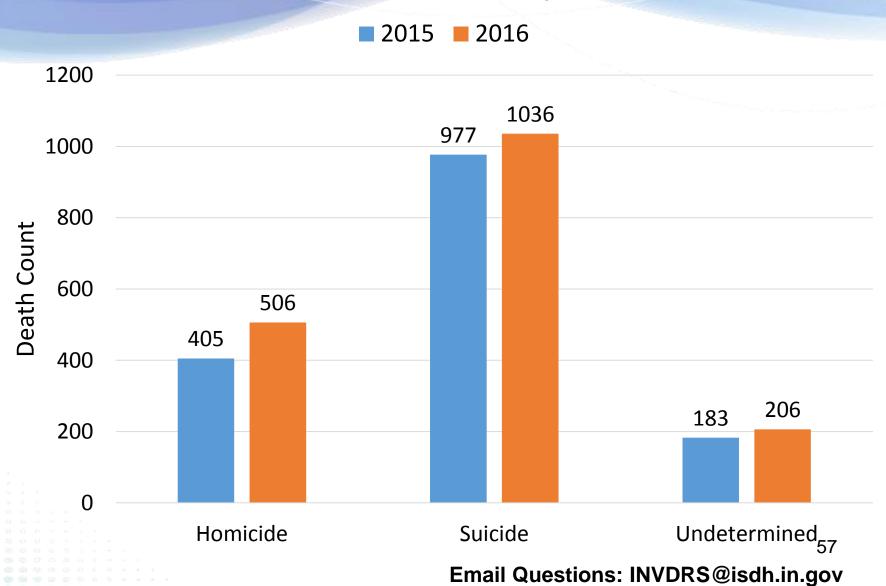
Death Certificate Data for Violent Deaths



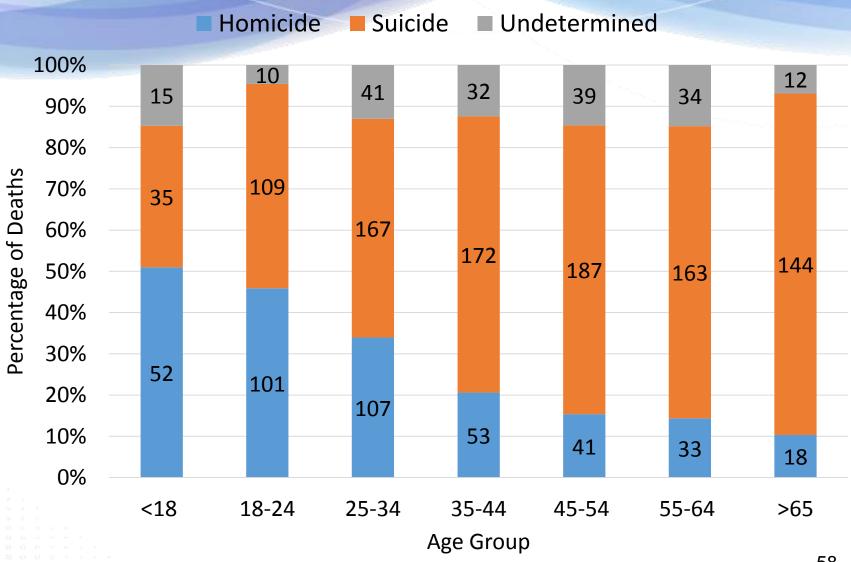


56

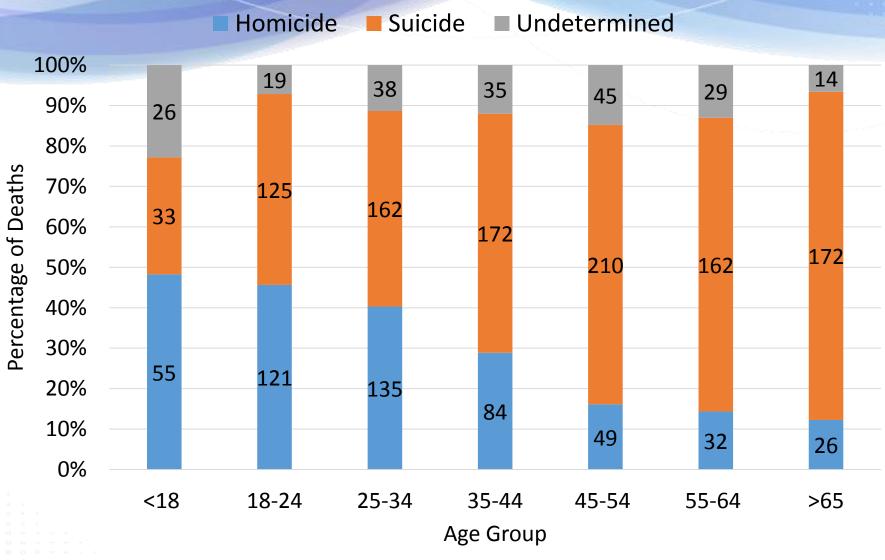
Manner of Death by Year



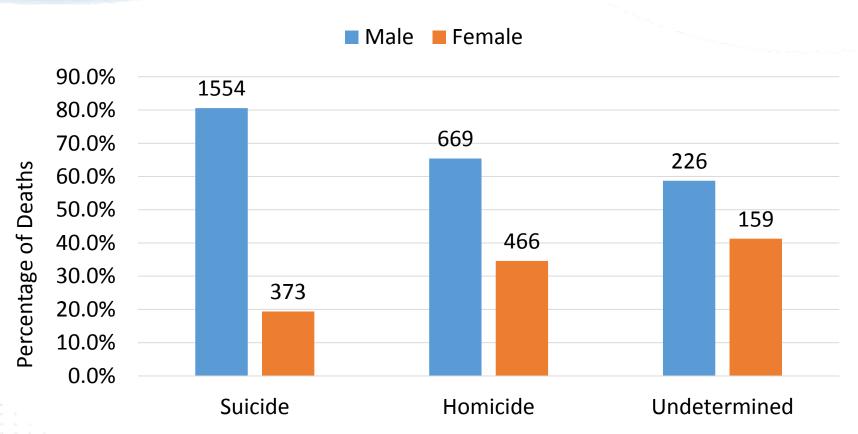
2015 Manner of Death by Age Group



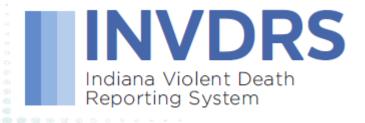
2016 Manner of Death by Age Group



2015-2016 Percentage of Death Manner by Gender



Breakdown: Suicides





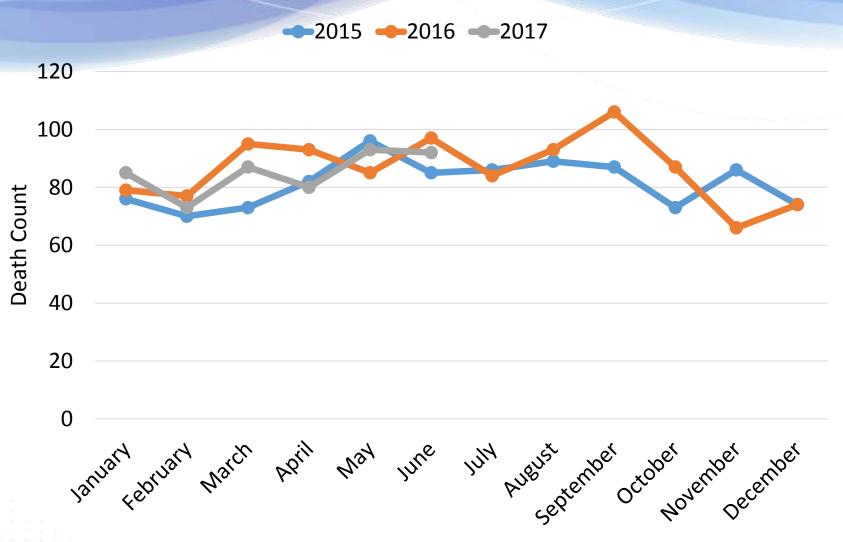
61

Counties with Most Resident Suicides: 2015- 2016

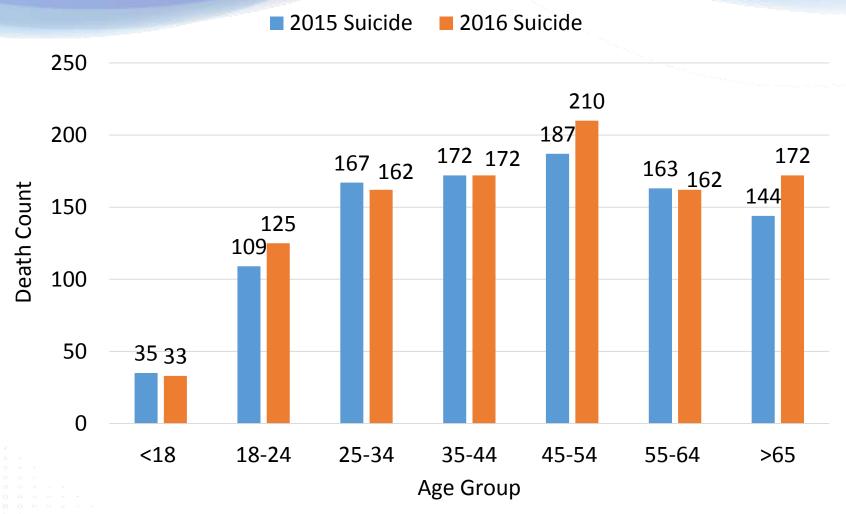
- 1. Marion 276
- 2. Lake 129
- 3. Allen 87
- 4. St. Joseph 80
- 5. Hamilton 76
- 6. Vanderburgh 62
- 7. Vigo 52
- 8. Elkhart 51

- 9. Porter 50
- 10. Madison 44
- 11. Hendricks 43
- 12. Monroe 43
- 13. Johnson 37
- 14. Tippecanoe 37
- 15. Clark 31

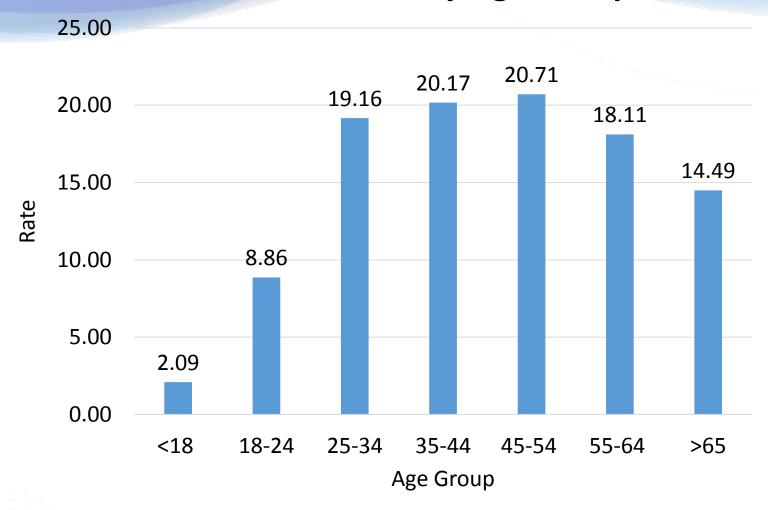
Suicide Counts by Month



Suicide Count by Age Group and Year

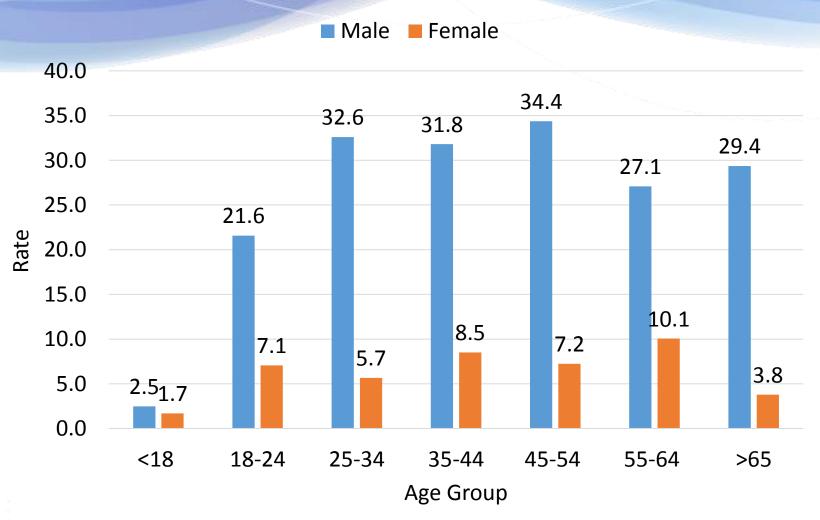


2015 Suicide Rate by Age Group



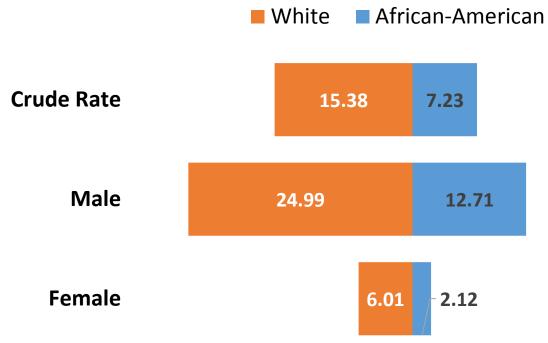
Rates per 100,000.

2015 Suicide Rate by Gender



Rates per 100,000.

2015 Suicide rates by race and sex

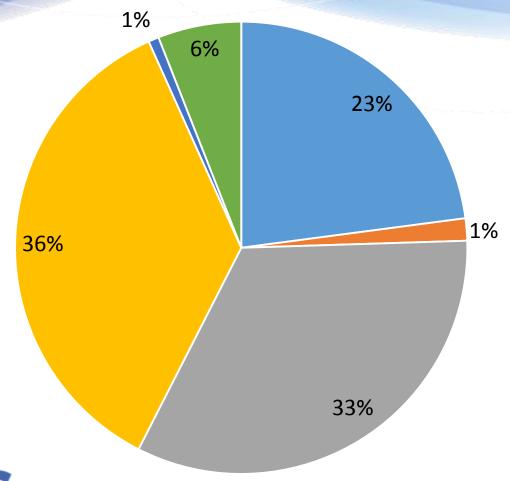


*Unstable Rate Rates per 100,000.



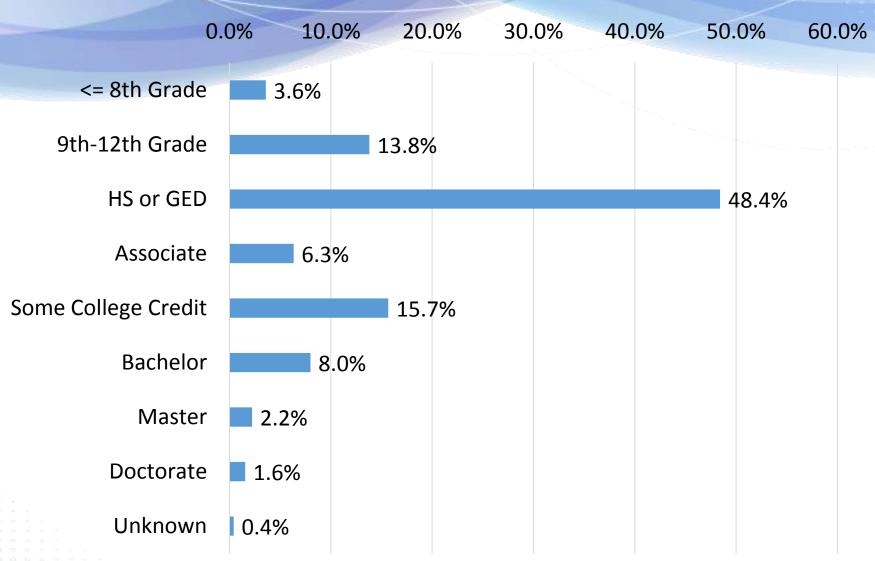
2015-2016 Marital Status Suicide

- Divorced
- Married, but seperated
- Married/CivilUnion/Partnership
- Never Married
- Unknown
- Widowed

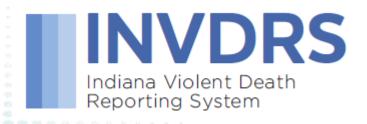




2015-2016 Education Level Suicide



Breakdown: Homicides





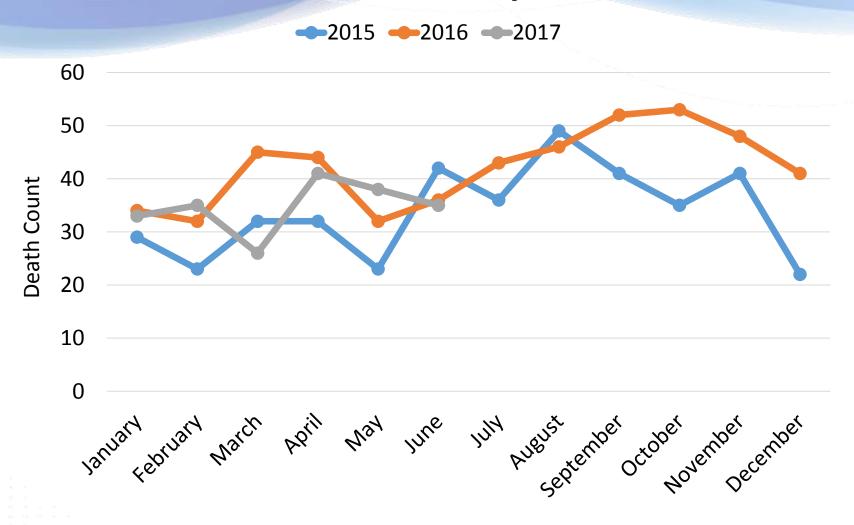
Email Questions: INVDRS@isdh.in.gov

Counties with Most Homicides (2015-2016)

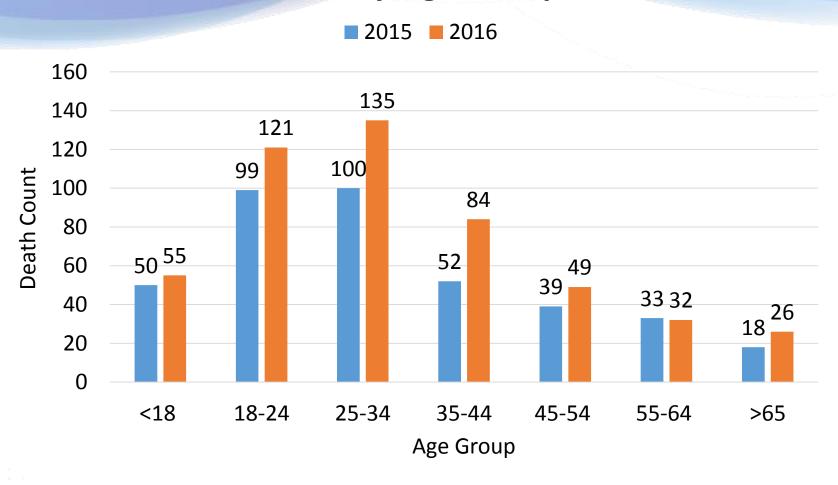
- 1. Marion 325
- 2. Lake 133
- 3. Allen 79
- 4. St. Joseph 40
- 5. Elkhart 25
- 6. Delaware 17
- 7. Vanderburgh 16
- 8. Warrick 10

- 9. Howard 9
- 10. Vigo 9
- 11. LaPorte 8
- 12. Madison 8
- 13. Johnson 7
- 14. Porter 7
- 15. Hamilton 6

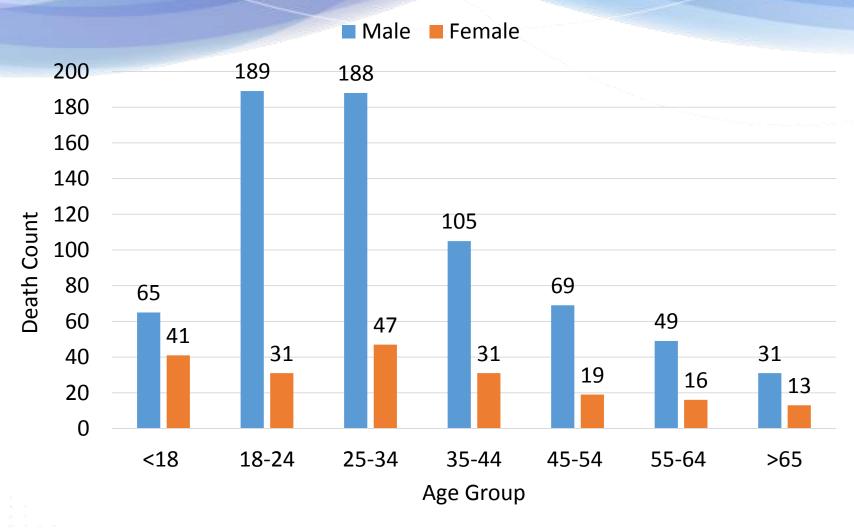
Homicide Counts by Month



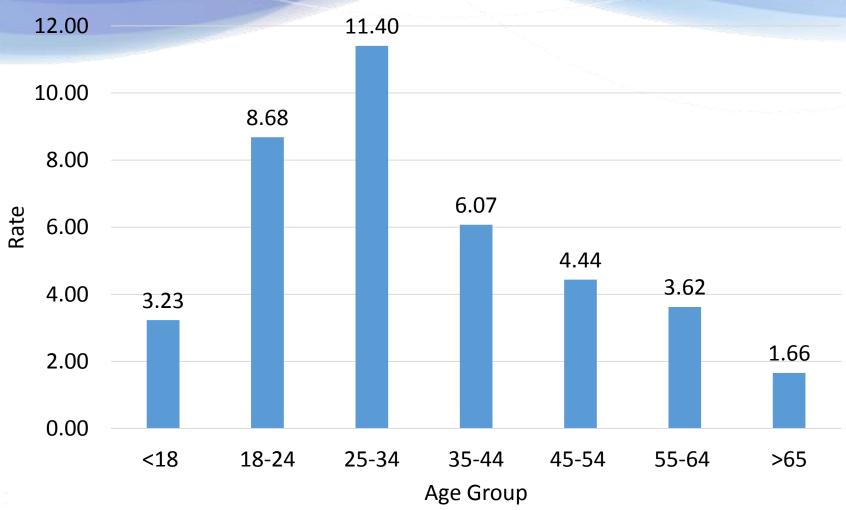
Homicides by Age Group and Year



2015-2016 Homicide by Gender/Age

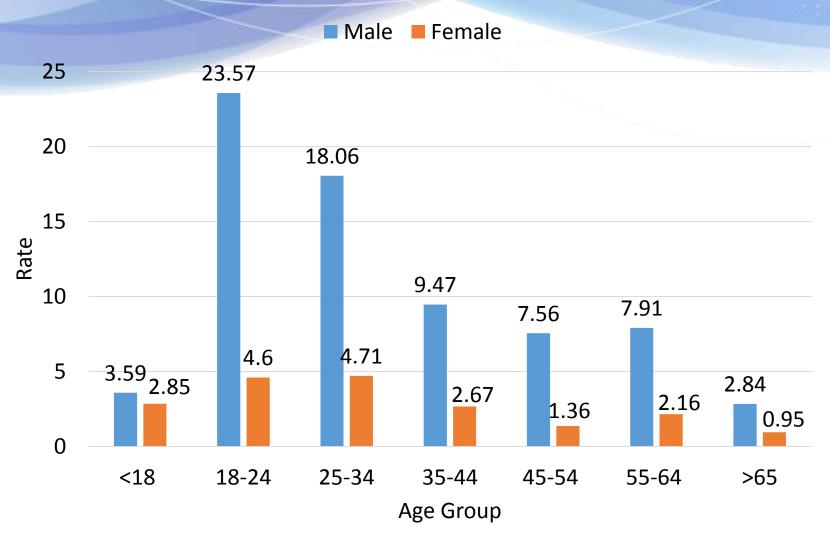


2015 Homicide Rate by Age Group



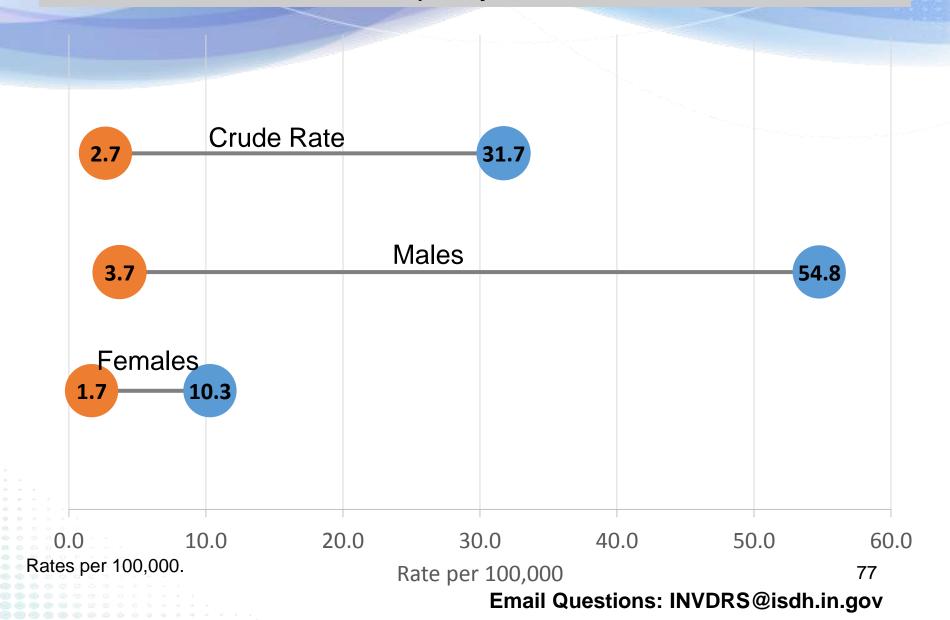
Rates per 100,000.

2015 Age and Gender Homicide Rate



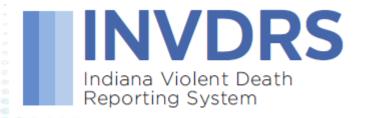
Rates per 100,000.

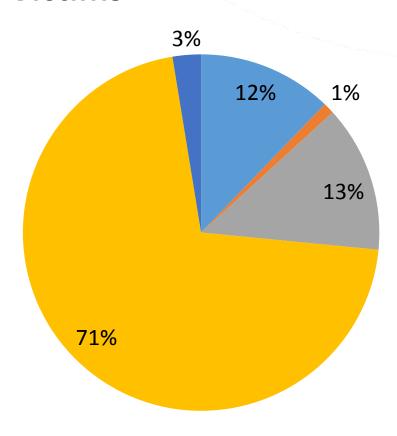
2015 Homicide rates of White and African American Hoosiers: A look at the disparity.



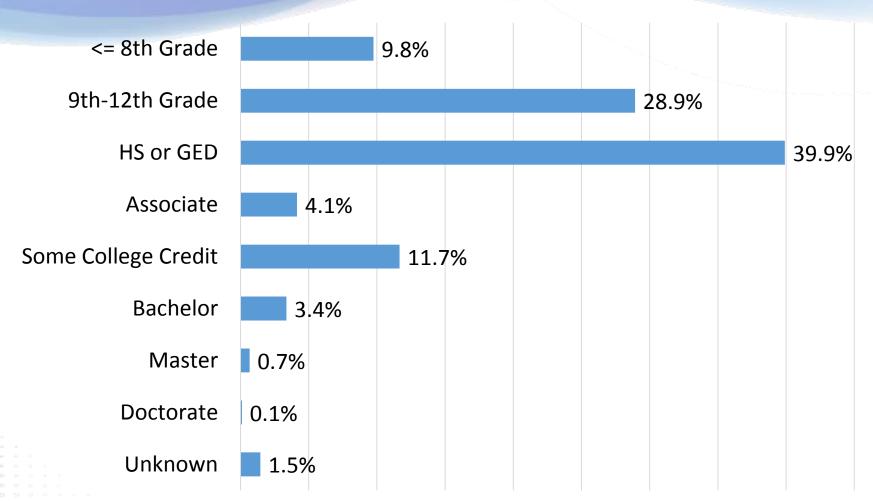
2015 - 2016 Marital Status of HomicideVictims

- Divorced
- Married, but seperated
- Married/CivilUnion/Partnership
- Never Married
- Widowed

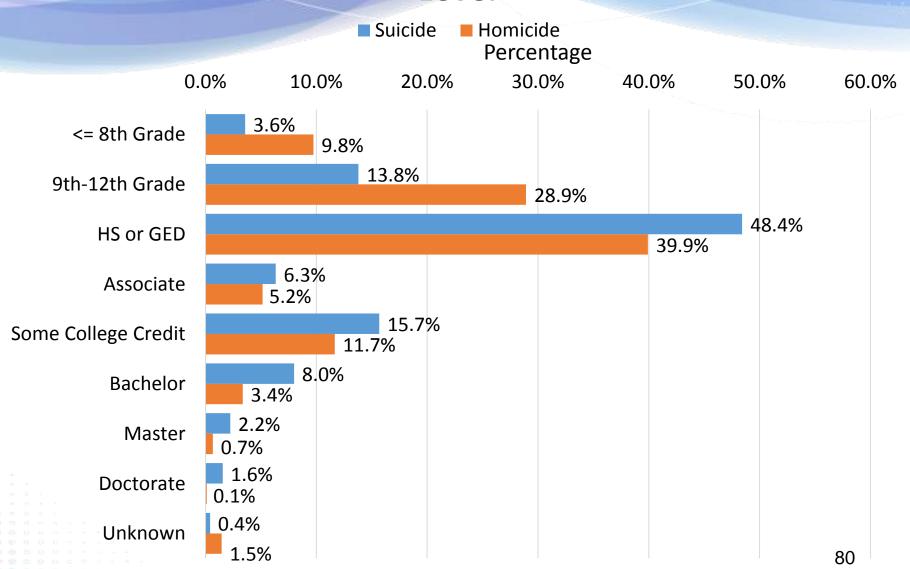




2015-2016 Education Level of Homicide Victims

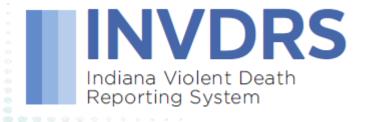


2015-2016 Manner of Death by Education Level



Email Questions: INVDRS@isdh.in.gov

Child Section

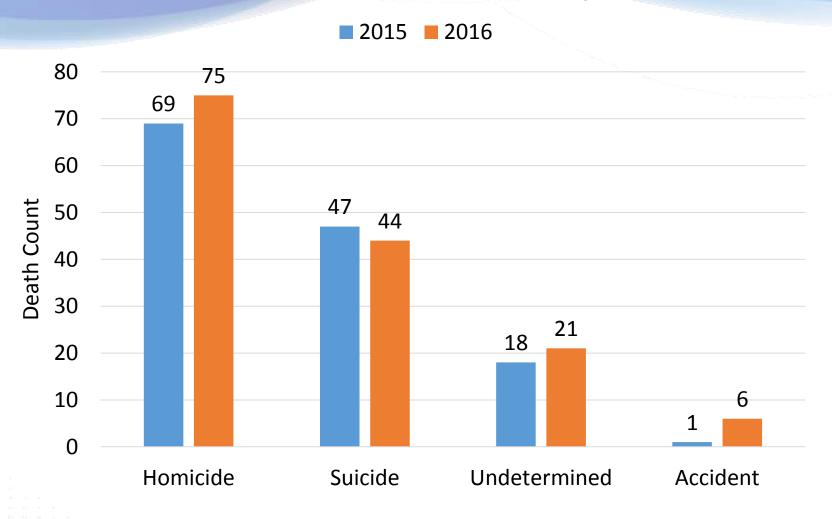




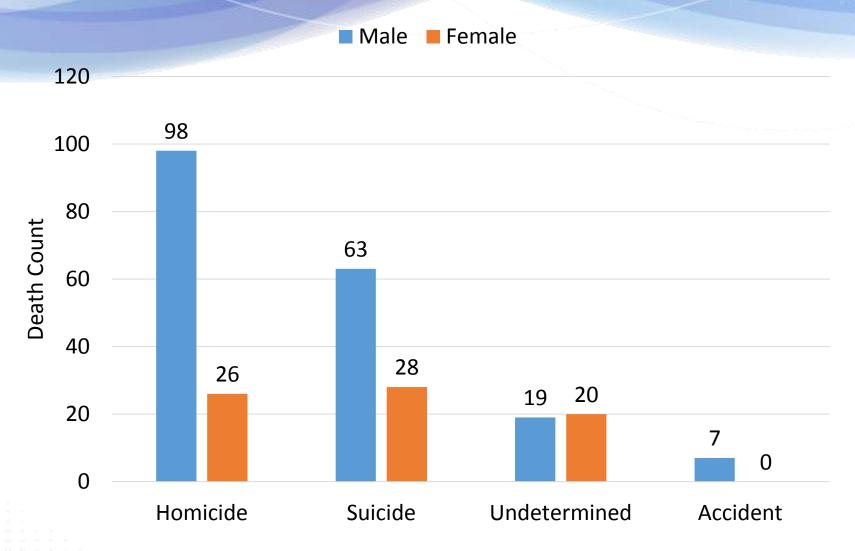
81

Email Questions: INVDRS@isdh.in.gov

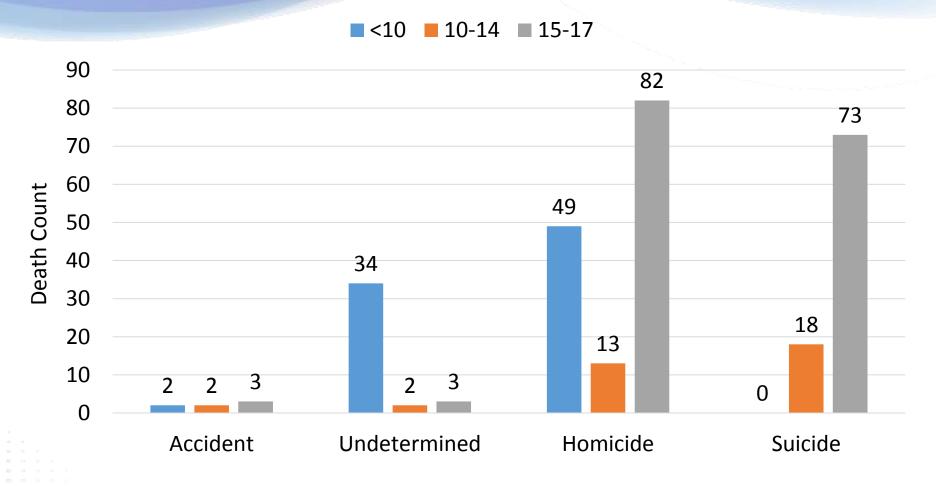
2015-2016 Child (<18) Deaths by Manner



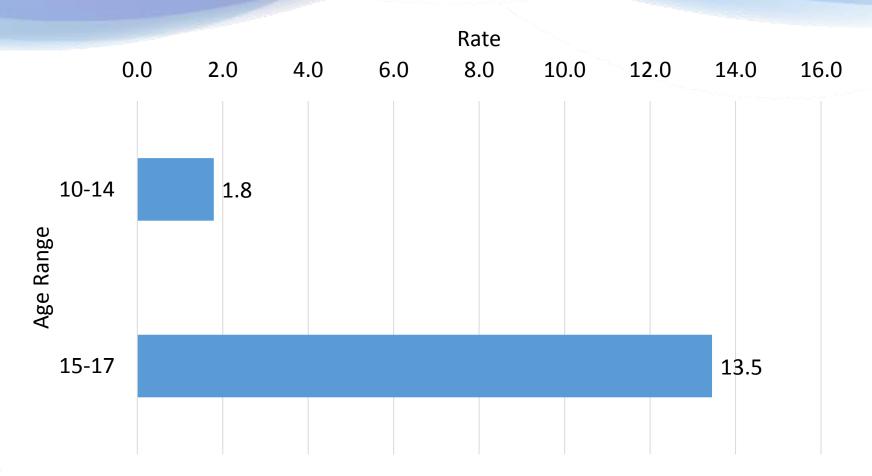
<18 Manner of Death 2015 & 2016



Manner of Death by Age Group

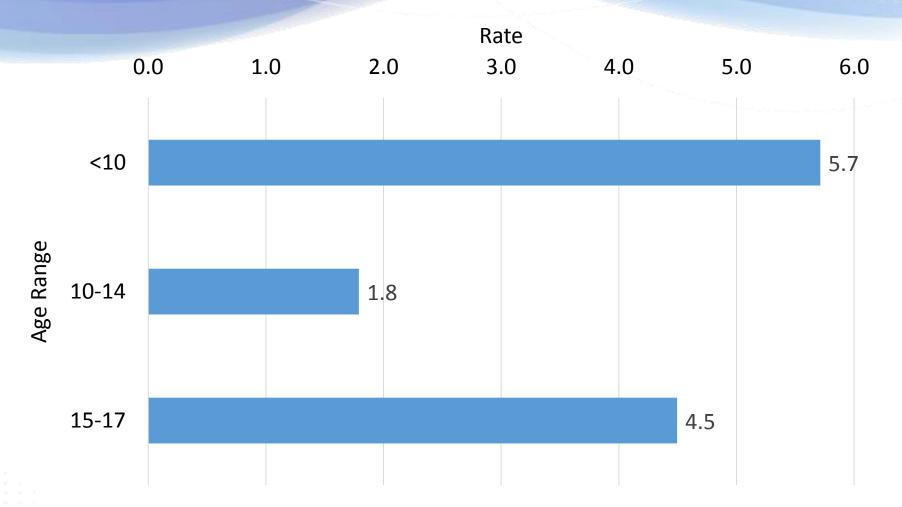


2015 Child Suicide Rate



Rates per 100,000.

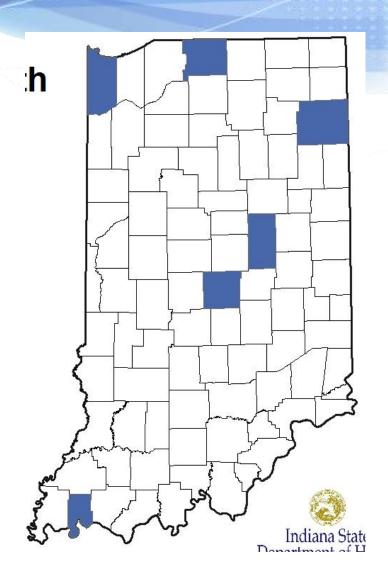
2015 Child Homicide Rate



Rates per 100,000.

2015 INVDRS Data

Data limited to Allen, Lake, Madison, Marion, St. Joseph, and Vanderburgh Counties



Data Quality Checks

- CDC checked our 2015 pilot county data for potential errors, such as:
 - Weapon type missing
 - Poisoning as cause of death but no substance listed as having caused the death
 - If Suspect in Homicide is an intimate partner, ensuring the IPV circumstance is checked

Data Completeness Check

- CDC will soon be sending us a report on our data that outlines the percentage of our cases with circumstances and other categories.
- Our completeness comparison to grant expectations.



Data Sources

- 402 Suicides
 - 389 with coroner report abstracted
 - 226 with law enforcement abstracted
 - 229 with both abstracted

 At least one circumstance was known for 273 of the suicides.

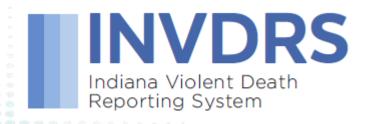
Data Sources

- 313 Homicides
 - 313 with coroner report abstracted
 - 124 with law enforcement abstracted
 - 121 with both abstracted

 At least one circumstance was known for 173 of the homicides.

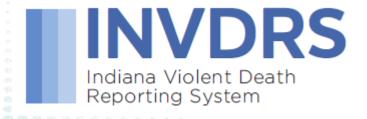
Limitations

- First Year of Data
- Missing LE/Coroner Reports
- Quality of LE/Coroner Reports
- Can't speculate on more rural Indiana counties



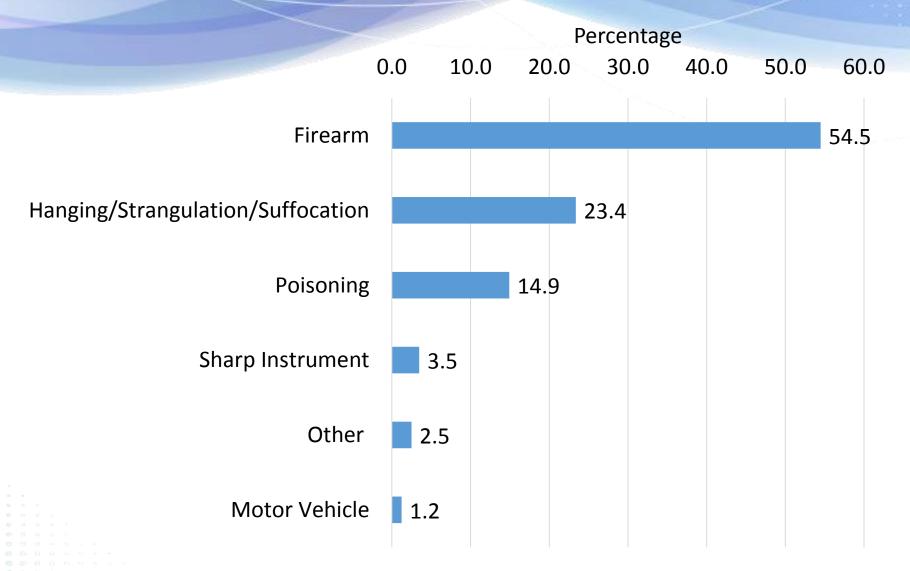


SUICIDE CIRCUMSTANCES

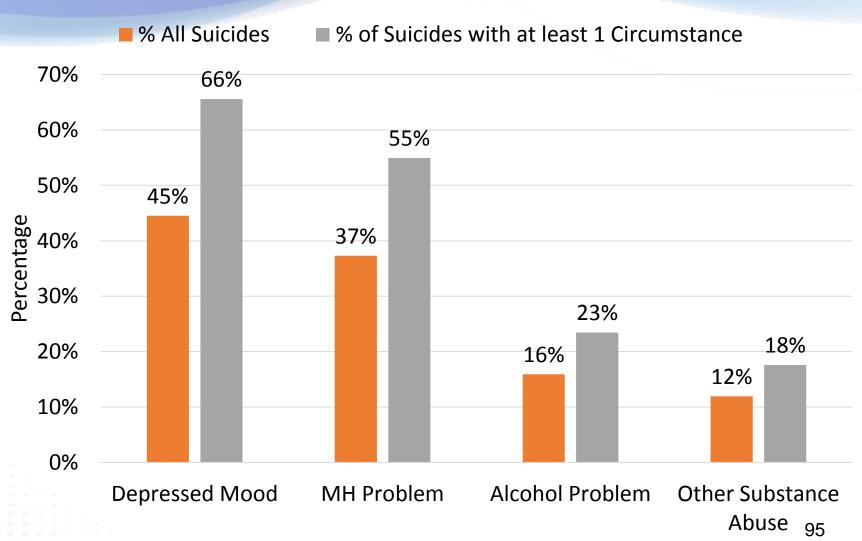




Weapon Type for Suicide Decedents



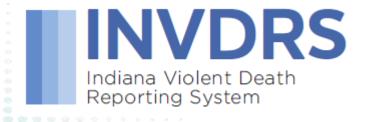
Suicide Circumstances-Mental Health and Substance Abuse



Email Questions: INVDRS@isdh.in.gov

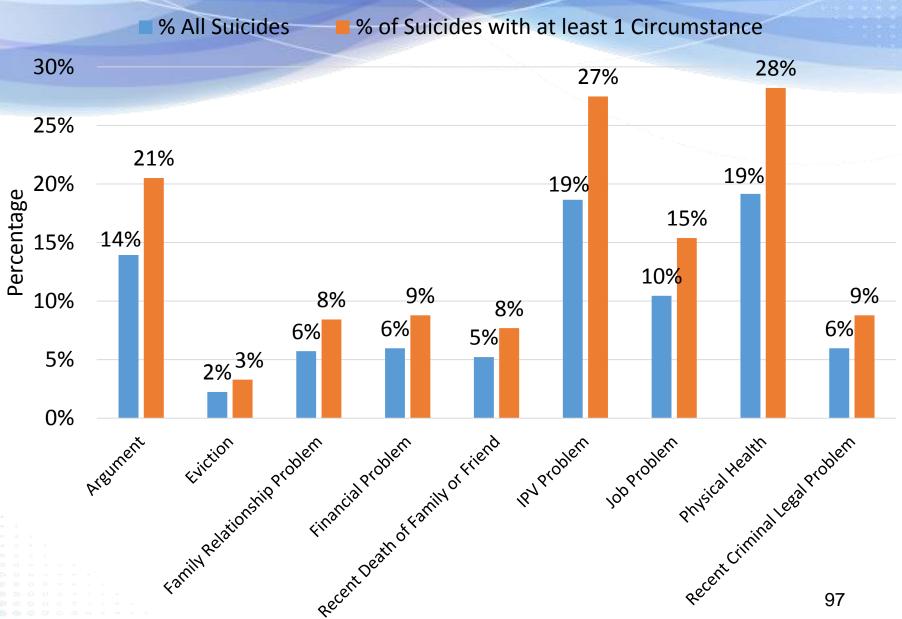
Mental Health Diagnoses-150

- 105 Depression
- 17 Bipolar
- 8 Schizophrenia
- 6 PTSD





Suicide Circumstances-Life Stressors

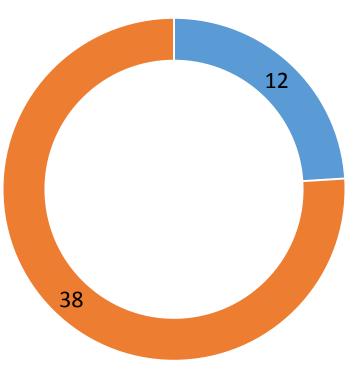


Email Questions: INVDRS@isdh.in.gov

Argument Timing Breakdown

During Argument

■ With 24 hours of Argument

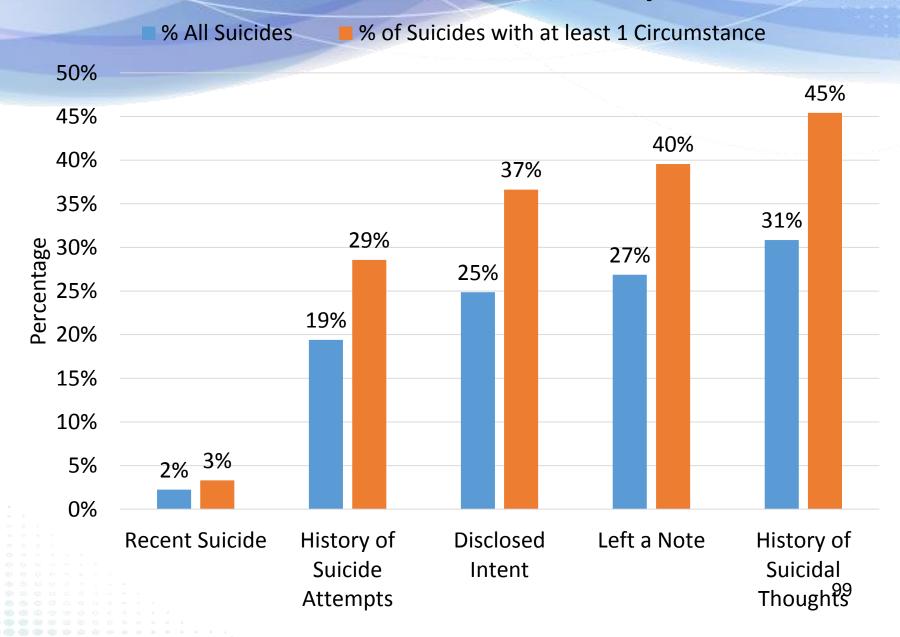




Indiana State

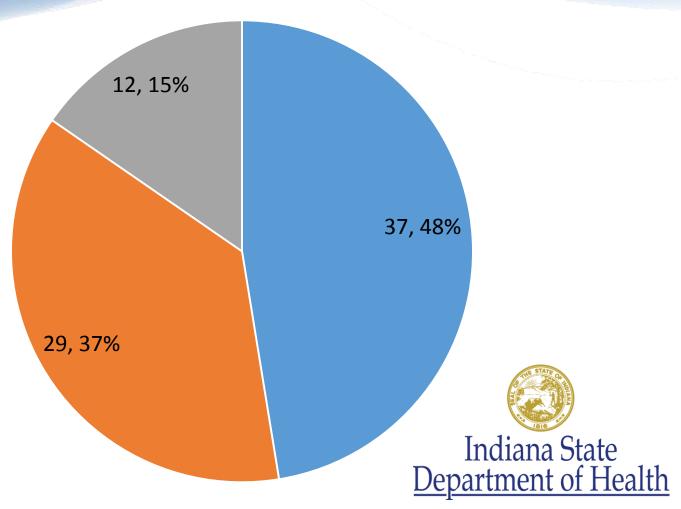
<u>Department of Health</u>

Suicide Circumstances-Suicide Specific



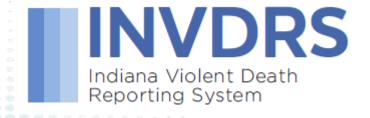
Disclosed Intent to Whom Breakdown

- Current or Former Partner
- Other Family Member
- Friend



100

HOMICIDE CIRCUMSTANCES





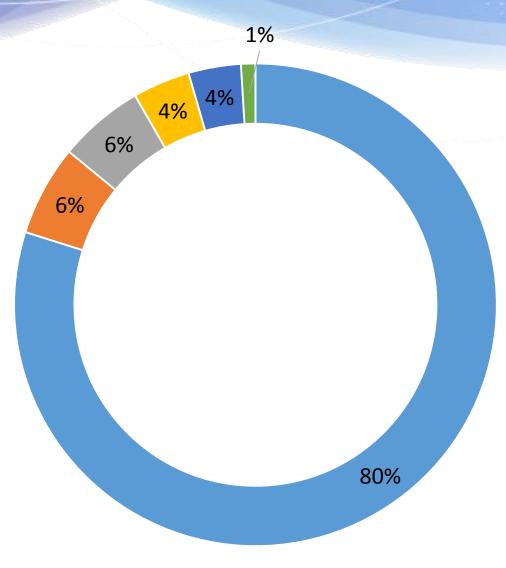
101

Email Questions: INVDRS@isdh.in.gov

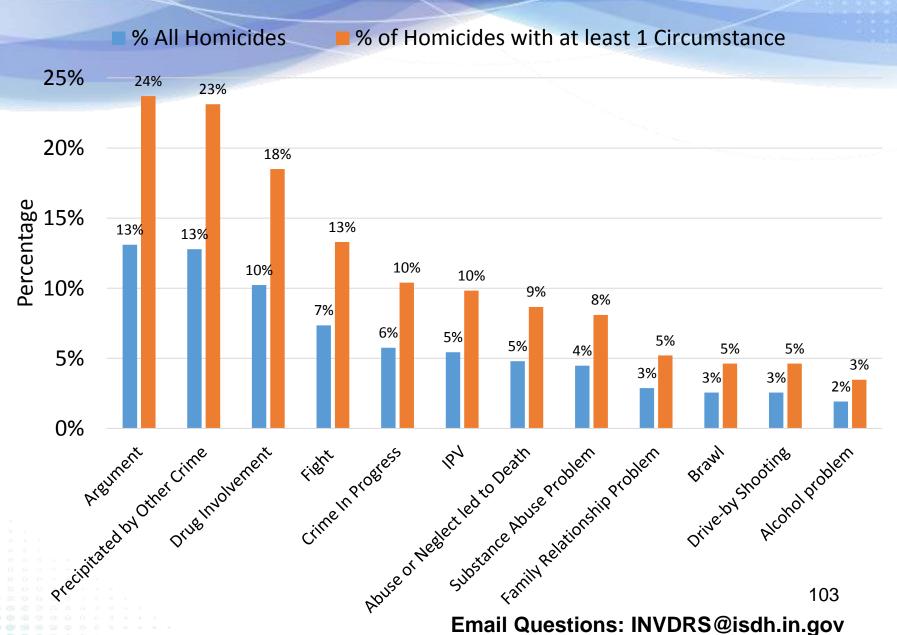
Weapon Type for Homicide Decedents

- Firearm
- Blunt Instrument
- Sharp Instrument
- Personal Weapons
- Hanging/Strangulation/Suf focation
- Other



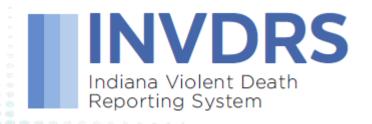


Homicide Circumstances



Precipitated by Other Crime Breakdown

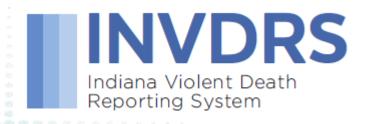
- Burglary= 6 homicides
- Drug Trade= 6 homicides
- Robbery= 7 homicides





What else would you like to see?

Activity!

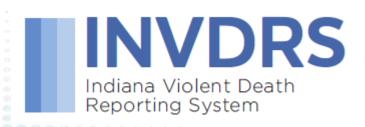




Email Questions: INVDRS@isdh.in.gov

2018 meeting dates

- 1 p.m.-3 p.m. EST in Rice **Auditorium**
 - March 16th
 - September 21st





Email Questions: INVDRS@isdh.in.gov

Call to Action

- Send interested parties to ISDH Division of Trauma and Injury Prevention
 - INVDRS@isdh.in.gov
 - INVDRS PI & Epidemiologist

Rachel Kenny

317-233-8197

rkenny@isdh.in.gov

